Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE

## **SUMMARY SHEET**

Change in Company's premium or rate leve	el produced by rate revision effective	11-15-11
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private		
Passenger Commercial  2. Automobile Physical Damage  Private Passenger Commercial	· · · · · · · · · · · · · · · · · · ·	
3. Liability Other Than Auto		
4. Burglary and Theft		
5 Close		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation Line of Insurance	\$363,063	5.2%
Does filing only apply to certain territory (ter	rritories) or certain classes? If so, specify	/: <u>No</u>
Brief description of filing. (If filing follows rate NCCI changes in circular IL-2010-05.	tes of an advisory organization, specify o	organization): We are filing to adopt the
*Adjusted to reflect all prior rate changes. **Change in Company's premium level whic	··	
	Allied P	&C Insurance Company
		Name of Company
	Maria T. Ca	frank State Filing Specialist
Si Significant Control	iviarie 1. Sa	freed, State Filing Specialist Official - Title
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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

# **ILLINOIS DEPARTMENT OF INSURANCE**

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		11-15-11	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent Change (+ or -)**	
. Automobile Liability Private			
Passenger Commercial			
. Automobile Physical Damage			
. Liability Other Than Auto		· .	
		<u> </u>	
. Glass			
. Fidelity			
Surety			
Boiler and Machinery			
I. Inland Marine		· · · · · · · · · · · · · · · · · · ·	
2. Homeowners			
3. Commercial Multi-Peril 4. Crop Hail			
	\$405,569	5.0%	
5. Other Workers Compensation	<u>\$405,569</u>	3.0 %	
oes filing only apply to certain territory (ter rief description of filing. (If filing follows rat CCI changes in circular IL-2010-05.			
		· · · · · · · · · · · · · · · · · · ·	
Adjusted to reflect all prior rate changes. Change in Company's premium level whic	ch will result from application of new rates	s.	
	AMCC	Insurance Company	
		Name of Company	
	Marie T. Saf	reed, State Filing Specialist Official – Title	



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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Form (RF-3)

## **ILLINOIS DEPARTMENT OF INSURANCE**

## **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision effective		11-15-11	
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)*</u>	(3) Percent <u>Change (+ or -)**</u>	
3. Liability Other Than Auto 4. Burglary and Theft 5. Glass 6. Fidelity			
12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail 15. Other Workers Compensation	\$ -235,009	-24.5%	
Line of Insurance  Does filing only apply to certain territory (terri  Brief description of filing. (If filing follows rate  NCCI changes in circular IL-2010-05	tories) or certain classes? If so, specify	: <u>No</u>	
*Adjusted to reflect all prior rate changes. **Change in Company's premium level which	will result from application of new rates	S.	
		ors Insurance Company Name of Company	
	Marie T. Saf	reed, State Filing Specialist Official – Title	



NOV 1 5 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

#### FORM (RF-3)

#### SUMMARY SHEET

revision		October 1, 2011	
(1)		(2)	(3)
. •		Annual Premium	Percent
Coverage	<u>e</u>	Volume (Illinois) *	Change (+ or -) *
Automob	ile Liability		
Private	Passenger		
Comme	ercial		
Automob	ile Physical Damage		
Private	Passenger		
Comme	ercial		
Liability	Other Than Auto		
	and Theft		
Glass			
Fidelity			
Surety			
	nd Machinery		
Fire	•		
Extended	d Coverage		
Inland M	larine	4	
Homeow	ners		
Commer	cial Multi-Peril		
Crop Ha	il		
Other	Workers Compensation	\$1,982,590	5.0%
	Line of Insurance		
Does filing o classes? If s	nly apply to certain territory	y (territories) or certain	
	ion of filing. (If filing follow specify organization):	vs rates of an advisory We are modifying our LCM by +6% and elir	minating loss cost deviation
o.ga,		certain classes.	<u> </u>

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

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STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Farmers Insurance Exchange
Name of Company

gam of Belland

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title

#### FORM (RF-3) SUMMARY SHEET

revision effective(1)	October 1, 2011 (2)	(3)
(1)	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
Liability Other Than Auto		
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		
Other Workers Compensation	\$2,572,848	5.0%
Line of Insurance		
•		
Does filing only apply to certain territory (ter	ritories) or certain	
classes? If so, specify: No	,	
Brief description of filing. (If filing follows rate	tes of an advisory	
	e modifying our LCM by +6% and eli	minating loss cost deviation
	n classes.	

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

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OCT 0 1 2011

STATE OF ILLINOIS
DEPARTMENT OF INSURANCE
SPRINGFIELD, ILLINOIS

Mid-Century Insurance Company
Name of Company

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation

Official - Title

## FORM (RF-3)

#### SUMMARY SHEET

Aut Pr Co Aut Pr Co	rerage  comobile Liability  ivate Passenger  commercial  comobile Physical Damage  ivate Passenger	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+ or -) *
Aut Pr Co Aut Pr Co	omobile Liability ivate Passenger ommercial omobile Physical Damage ivate Passenger	Volume (Illinois) *	Change (+ or -) *
Pr Co Aut Pr Co	ivate Passenger ommercial omobile Physical Damage ivate Passenger		
Pr Co Aut Pr Co	ivate Passenger ommercial omobile Physical Damage ivate Passenger		
Co Aut Pr Co	ommercial omobile Physical Damage ivate Passenger		
Pr Co	ivate Passenger		
Pr Co	ivate Passenger		
Ç			
l ial	ommercial		
	oility Other Than Auto		
	glary and Theft		
Gla			
Fide			
Sur			
	er and Machinery		
Fire			
	ended Coverage		
	nd Marine		
	neowners		
Cor	nmercial Multi-Peril		
	p Hail		
Oth		\$6,449,175	5.5%
	Line of Insurance		
	ing only apply to certain territory (	(territories) or certain	A. J. Mary

- Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

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OCT 0 1 2011

State of Illinois Department of Insurance Springfield, Illinois Truck Insurance Exchange
Name of Company

game of Belland

James J. Gebhard, FCAS, MAAA Actuary, Workers Compensation Official - Title